

intentional focus to increase patient satisfaction, a specialized team of RNs was created. The secondary goal was to construct a more cohesive BMT team to facilitate collaboration amongst team members and improve consistency of care for BMT families.

One of the major barriers in recruiting interested RNs in the BMT specialty was their uncertainty to provide competent quality care. The Education Specialist coordinated an Education Series for interested RNs to ensure they were both competent and also confident in their ability. Four classes, four hours each, were taught by members of the BMT team - physicians, nurse practitioners, pharmacists and transplant coordinators. The education series followed the PBMTTC lecture series (provided by APHON). Participants included inpatient RNs choosing to specialize in BMT, charge nurses of the inpatient unit, leadership team on the inpatient unit, and new graduate nurses who had never cared for BMT patients. Participants were given a pre-test to assess their previous knowledge. They were also given a pre-survey to determine their self-competence and confidence in the care of BMT patients. At the conclusion, participants were given a post-survey to determine if education received impacted their practice. Participants will receive a post-test to determine if the education increased their knowledge. Data has been collected and it is currently being measured. Foundational theory is based on AACN's statement - "quality patient care hinges on having a well-educated nursing workforce." The AACN and other authorities contend that education has a strong impact on a nurse's ability to practice.

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DISCHARGE NURSES ROLE IN LONG TERM ADMISSIONS

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Background: Patients admitted for Stem Cell Transplantation (SCT) are at risk for prolonged stays in the hospital. Recovery time after a SCT may be related to complications of debilitating treatments such as high dose chemotherapy, radiation, and immunosuppressant therapies or other co-morbidities. The purpose of the project was to reduce length of stay and minimize the risk of complications for patients undergoing SCT in a large comprehensive cancer center.

Intervention: A team of Discharge Nurses began closely following patients who were identified as high risk for long term hospitalizations during the transplant process. They rounded with the patients' primary medical teams on a daily basis and monitored nursing interventions to stimulate patient and caregivers participation in exercise, good nutrition, fluid intake, and hygiene practices. Other team members were engaged when patients required more aggressive interventions or acute care.

Evaluation: In the months after implementation, a reduction in long term hospitalization (length of stay) was noted from previous years. More in depth data will be shared in presentation. Clinical Nurses were encouraged to utilize available multidisciplinary resources such as: dietary/nutrition, physical therapy, occupational therapy, music therapy, case management, social work, and chaplaincy. Discharge Nurses actively contributed to the continuity of nursing care by monitoring daily progress of the patients according to individualized needs.

Discussion: Discharge Nurses are in a unique position to identify patients at risk for prolonged hospitalization due to potential complications. Utilization of the Discharge Nurse role in this capacity helps to establish individualized plans of care for each patient. Together, clinical nurses and other multidisciplinary team members unite to promote the patient's well being as well as minimize the risk of complications during the recovery phase in the SCT unit.

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DEVELOPMENT OF A NURSING WORKBOOK SPECIFIC TO CHEMOTHERAPY ADMINISTRATION UTILIZING THE ELECTRONIC MEDICAL RECORD: A NURSE'S SAFEGUARD TO LEARNING

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Background: Electronic medical records (EMR) may enhance patient safety through standardized workflow, physician orders and

medication administration. When the chemotherapy ordering module of the EMR, called BEACON, was first introduced nurses who administer chemotherapy attended training utilizing an instruction manual, the BEACON Workbook. However, the training was not designed in the context of how nurses navigate BEACON and did not provide the tools needed to utilize BEACON, instead it focused on physician skills, with only two of 13 topics relevant to nursing.

Purpose: The goal of this project was to develop a comprehensive workbook for nurses to improve understanding and utilization of the complex EMR system for the safe administration of chemotherapy.

Interventions: EMR super users and experienced chemotherapy certified nurses reviewed the original BEACON Workbook and compared the information with the actual practices and policies surrounding chemotherapy administration. An updated BEACON workbook was developed addressing the complex nursing interventions required for safe chemotherapy administration including verifying and releasing orders, administration and documentation. The BEACON Workbook for Nurses was developed to provide a comprehensive and standardized workflow for the complex task of chemotherapy administration using the EMR.

Evaluation: A retrospective survey on content, preparedness, and application was given to nurses taught by both workbooks, with an overwhelming positive response to the revised workbook. Nurses felt more comfortable using BEACON and better able to prevent common errors associated with chemotherapy administration.

Discussion: The revised workbook has improved the nurse's ability to utilize the BEACON module of the EMR. EMRs may improve the safety of chemotherapy administration by providing a standardized workflow, but a comprehensive resource such as a workbook is valuable for successful staff training.

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THE "PIVOT" NURSE IN PEDIATRIC TRANSPLANTATION: AN INNOVATIVE ROLE IN THE TEAM

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It is well known and largely described in the literature that an hematopoietic stem cell transplantation (HSCT) is an extremely stressful experience for the child and his/her family. The enormous amount of person from every discipline (medical, nursing and other professionals) that needs to interact with the families across the care pathway of the transplantation makes it difficult for most of them to completely understand what is happening to their child. In order to help the families "survive" this ordeal, we have developed an innovative nursing role that is essential in the process. The role of the "pivot" nurse can be compare in many ways to the role of the nurse navigator. The role has mainly five mandates: 1) evaluate the psychosocial needs of the families, 2) teach and inform the families about the transplant process, 3) support the families by having therapeutic relationships in order to empower them, 4) coordinate all the cares in the pathway (including the patients from reference centers) and lead the interdisciplinary team and meetings and 5) administrate the outpatient cares (central line, treatments, etc...). Apart from that, they are involve in nursing research and FACT accreditation. In our team, we have two "pivot" nurses that works in the outpatient clinic. The main advantage of this innovative role is a global support of the child and his/her family with always the same person which makes it easier and more efficient for everyone. The "pivot" nurse knows perfectly well her patients, the step they have achieve in the treatments, their needs and their coping mechanisms. On the other side, the families can develop a trusting relationship with her and participate more easily in the various aspects of the treatment. She can be easily reach in case of need or emergency by the families or any member of the transplant team or the reference centers. For all those reasons, we believe that this role has simplified and optimize the follow up of our patients, specially those coming from reference centers across the country, and has certainly consolidate the quality of care given to our patients.